

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/663,453

|   |  | CLAIMS AS                                 | GFILED -<br>(Column |                               | mn 2)        |                     | SMALL ENTITY TYPE |              |                        | OTHER THAN OR SMALL ENTITY |              |                        |
|---|--|---|---------------------|-------------------------------|--------------|---------------------|-------------------|--------------|------------------------|----------------------------|--------------|------------------------|
| TO  | TAL CLAIMS                                     |   |                     |                               |              |                     | Γ                 | RATE         | FEE                    |                            | RATE         | FEE                    |
| FO  | R  |   | NUMBER FILED        |                               | _NOMB        | BER EXTRA           |                   | BASIC FEE    | 370.00                 | OR                         | BASIC FEE    | 740.00                 |
| ΤO  | TAL CHARGEA                                    | BLE CLAIMS                                | min                 | us 20=                        | *            |                     |                   | X\$ 9=       |                        | OR                         | X\$18=       |                        |
| IND   | EPENDENT CL                                    | AIMS                                      | mi                  | us 3 =                        | <u> </u>     | <b>&gt;</b>         | ľ                 | X42=         |                        | OR                         | X84=         |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                     |                               |              |                     | İ                 | +140=        |                        | OR                         | +280=        |                        |
| * If  | the difference                                 | in column 1 is I                          | ro, enter           | "0" in c                      | olumn 2      | l                   | TOTAL             |              | OR                     | TOTAL                      |              |                        |
|   | o C  |   |                     |                               |              | , ,                 | OTHER             | THAN         |                        |                            |              |                        |
|   | 6  | (Column 1)                                |                     | (Colur                        |              |                     |                   | SMALL ENTITY |                        |                            | SMALL ENTITY |                        |
| AMENDMENT 4   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 3                   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT             |                   | RAŢE         | ADDI-<br>TIONAL<br>FEE |                            | RATE         | ADDI-<br>TIONAL<br>FEE |
| NDN   | Total  | *   | Minus               | **                            |              | =                   |                   | X\$ 9=       |                        | OR                         | X\$18=       |                        |
| AME   | Independent                                    | *   | Minus               | ***                           | - 01 111     | =                   |                   | X42=         |                        | OR                         | X84=         |                        |
|   | FIRST PRESE                                    | )   | +140=               |                               | OR           | +280=               | •                 |              |                        |                            |              |                        |
|   |  |   |                     | L                             | TOTAL        |                     |                   | TOTAL        |                        |                            |              |                        |
|   |  | (Column 1)                                |                     | ,                             | ADDIT. FEE   |                     | 1                 | ADDIT. FEE   |                        |                            |              |                        |
| AMENDMENT   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 2                   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA    |                   | RATE         | ADDI-<br>TIONAL<br>FEE |                            | RATE         | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus               | **                            |              | =                   | ╽╽                | X\$ 9=       |                        | OR                         | X\$18=       |                        |
| AME   | Independent                                    | *   | Minus               | ***                           |              | =                   |                   | X42=         |                        | OR                         | X84=         |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                     |                               |              |                     | ┛╏                | +140=        |                        | OR                         | +280=        |                        |
|   | •  | L   | TOTAL<br>ADDIT. FEE |                               | OR           | TOTAL<br>ADDIT. FEE |                   |              |                        |                            |              |                        |
|   |  | (Column 1)                                | <b></b>             | , DDII. I , LL •              |              | •                   |                   |              |                        |                            |              |                        |
| AMENDMENT .   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ,                   | HIGH<br>NUM<br>PREVI<br>PAID  | BER<br>OUSLY | PRESENT<br>EXTRA    |                   | RATE         | ADDI-<br>TIONAL<br>FEE |                            | RATE         | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus               | **                            |              | =                   |                   | X\$ 9=       |                        | OR                         | X\$18=       | -                      |
|   | Independent .                                  | *   | Minus               | ***                           |              | =                   |                   | X42=         |                        | OR                         | X84=         |                        |
| Ļ   | FIRST PRESE                                    | NTATION OF MI                             | JLTIPLE DEF         | 'ENDEN                        | I CLAIM      |                     | ┚┟                | +140=        |                        | OR                         | +280=        |                        |
|   |  | mn 1 is less than the                     |                     |                               |              |                     | , L               | TOTAL        |                        | ΛR                         | TOTAL        |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                     |                               |              |                     |                   |              |                        |                            |              |                        |

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

663453

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |                 |                                   |                  |            |  |                  |        | SMALL E             |                        |                  | OTHER               |                        |
|--|--|-----------------|-----------------------------------|------------------|------------|--|------------------|--------|---------------------|------------------------|------------------|---------------------|------------------------|
| FOR  |  |                 | (Column 1) NUMBER FILED           |                  |            | NUMBER EXTRA                               |                  |        | TYPE (              | FEE                    | or<br>I <b>i</b> | RATE                | FEE                    |
| BASIC FEE  |  |                 | Si Salinat<br>Si Salinat          |                  | <u>.</u> ! | 2 ,  |                  | ŀ      | × × %2              | 345.00                 | 20               | HAIL                | 690.00                 |
|  |  |                 |                                   | minus 2          | 20-        |  |                  |        | 東心海                 | 040.00                 | ОН               |                     |                        |
| TOTAL CLAIMS   |  |                 | 12                                |                  |            | . /  |                  |        | X\$ 9=              |                        | OR               | X\$18=              | 1                      |
| INDEPENDENT CLAIMS 2 minus 3   |  |                 |                                   |                  |            |  |                  |        | X39=                |                        | OR               | X78=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |                 |                                   |                  |            |  |                  | +130=  |                     | OR                     | +260=            |                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |                 |                                   |                  |            |  |                  | L      | TOTAL               |                        | OR               | TOTAL               | V                      |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |                 |                                   |                  |            |  |                  |        | SMALL E             | NTITY                  | OR               | OTHER<br>SMALL      |                        |
| ENT A  |  | CL<br>REM<br>AF | AIMS<br>AINING<br>TER<br>IDMENT   |                  | PI         | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>   | Total  | *               |                                   | Minus            | **         |  | =                |        | X\$ 9=              |                        | OR               | X\$18=              |                        |
| AME  | Independent                                    | *               |                                   | Minus ***        |            |  | =                |        | X39=                |                        | OR               | X78=                |                        |
| _  | FIRST PRESE                                    | NTATIO          | ON OF MU                          | JLTIPLE DEF      | PENI       | DENT CLAIM                                 |                  |        | +130=               |                        | OR               | +260=               |                        |
|  | (Column 1) (Column 2) (Column 3)               |                 |                                   |                  |            |  |                  |        | TOTAL<br>ADDIT. FEE |                        | OR               | TOTAL<br>ADDIT. FEE |                        |
|  |  |                 |                                   |                  |            |  |                  |        | ADDII. PERI         |                        |                  |                     |                        |
| AMENDMENT B  |  | REM             | AIMS<br>IAINING<br>FTER<br>NDMENT |                  |            | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 1             | <u>~</u>                          | Minus            | **         | 20   | = /              |        | X\$ 9=              |                        | OR               | X\$18=              |                        |
| AME  | Independent                                    | . /             | 2                                 | Minus            | **         |  | =/               |        | X39=                |                        | OR               | X78=                |                        |
|  | FIRST PRESE                                    | NIAIR           | ON OF MI                          | ULTIPLE DEI      | PEN        | DENT CLAIM                                 |                  | J      | +130=               |                        | OR               | +260=               |                        |
|  |  |                 |                                   |                  |            |  |                  |        | TOTAL<br>ADDIT. FEE |                        | OR               | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Col            | umn 1)                            |                  | ((         | Column 2)                                  | (Column 3)       |        |                     |                        | _                |                     |                        |
| ENT C  |  | REM<br>Al       | AIMS<br>IAINING<br>FTER<br>NDMENT |                  | Р          | HIGHEST<br>NUMBER<br>REVIOUSLY<br>PAID FOR | PRĘSENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |                  | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT C  | Total  | *               |                                   | Minus            | **         |  | =                |        | X\$ 9=              |                        | OR               | X\$18=              |                        |
|  | Independent                                    | ٠               |                                   | Minus            | **         | *  | =                | ]      | X39=                |                        |                  | X78=                |                        |
| 4  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                 |                                   |                  |            |  |                  |        |                     |                        | OR               |                     |                        |
|  | If the entry in colu                           | mn 1 ie         | lace than t                       | he entry in colu | ımn 🤄      | write "O" in co                            | dumn 3           | Į      | +130=               |                        | OR               | +260=               |                        |
| **   | If the "Highest Nu<br>If the "Highest Nu       | mber Pr         | eviously Pa                       | aid For IN THI   | S SF       | ACE is less tha                            | ın 20, enter "20 | ." ,   | TOTAL<br>ADDIT. FEE |                        | OR               | TOTAL<br>ADDIT. FEE |                        |
|  | The "Highest Nur                               |                 |                                   |                  |            |  |                  | er foi | ind in the an       | nronriate ho           | x in co          | olumn 1             |                        |